

STATEMENT OF ECONOMIC INTERESTS

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| | | | |
|---|---------|------------|--------------------------|
| NAME (LAST) | (FIRST) | (MIDDLE) | DAYTIME TELEPHONE NUMBER |
| O'Brien | William | Michael RY | [REDACTED] |
| MAILING ADDRESS (Business Address Acceptable) | STREET | CITY | STATE ZIP CODE |
| [REDACTED] | | | OPTIONAL: E-MAIL ADDRESS |

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Stanislaus County Board of Supervisors

Division, Board, District, if applicable:

District #1

Your Position:

Supervisor

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State

☒ County of Stanislaus

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is ____/____/____, through December 31, 2009.

☐ Leaving Office Date Left: ____/____/____ (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 7

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☒ Yes - schedule attached
Investments (10% or Greater Ownership)

Schedule B ☒ Yes - schedule attached
Real Property

Schedule C ☒ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes - schedule attached
Income - Gifts

Schedule E ☐ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3-8-2010

Signature [REDACTED]
(The filer's original signed statement and your filing official.)

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

| |
|---|
| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION |
| Name William O'Brien |

1. BUSINESS ENTITY OR TRUST

O'Brien's Market Inc

Name
4120 Dale Road Ste H, Modesto, CA 95356

Address (Business Address Acceptable)

Check one
☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Retail Grocery Store

FAIR MARKET VALUE IF APPLICABLE, LIST DATE

| | | |
|--|--------------|--------------|
| <input type="checkbox"/> \$2,000 - \$10,000 | ____/____/09 | ____/____/09 |
| <input checked="" type="checkbox"/> \$10,001 - \$100,000 | ACQUIRED | DISPOSED |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | | |
| <input type="checkbox"/> Over \$1,000,000 | | |

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☒ Shareholder Other _____

YOUR BUSINESS POSITION Director, Officer Other _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

| | |
|---|--|
| <input type="checkbox"/> \$0 - \$499 | <input checked="" type="checkbox"/> \$10,001 - \$100,000 |
| <input type="checkbox"/> \$500 - \$1,000 | <input type="checkbox"/> OVER \$100,000 |
| <input type="checkbox"/> \$1,001 - \$10,000 | |

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE

| | | |
|--|--------------|--------------|
| <input type="checkbox"/> \$2,000 - \$10,000 | ____/____/09 | ____/____/09 |
| <input type="checkbox"/> \$10,001 - \$100,000 | ACQUIRED | DISPOSED |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | | |
| <input type="checkbox"/> Over \$1,000,000 | | |

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

1. BUSINESS ENTITY OR TRUST

O'Brien's Market Inc

Name
839 W. Roseburg Ave, Modesto, CA 95350

Address (Business Address Acceptable)

Check one
☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Retail Grocery Store

FAIR MARKET VALUE IF APPLICABLE, LIST DATE

| | | |
|--|--------------|--------------|
| <input type="checkbox"/> \$2,000 - \$10,000 | ____/____/09 | ____/____/09 |
| <input checked="" type="checkbox"/> \$10,001 - \$100,000 | ACQUIRED | DISPOSED |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | | |
| <input type="checkbox"/> Over \$1,000,000 | | |

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☒ Shareholder Other _____

YOUR BUSINESS POSITION Director, Officer Other _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

| | |
|---|--|
| <input type="checkbox"/> \$0 - \$499 | <input checked="" type="checkbox"/> \$10,001 - \$100,000 |
| <input type="checkbox"/> \$500 - \$1,000 | <input type="checkbox"/> OVER \$100,000 |
| <input type="checkbox"/> \$1,001 - \$10,000 | |

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE

| | | |
|--|--------------|--------------|
| <input type="checkbox"/> \$2,000 - \$10,000 | ____/____/09 | ____/____/09 |
| <input type="checkbox"/> \$10,001 - \$100,000 | ACQUIRED | DISPOSED |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | | |
| <input type="checkbox"/> Over \$1,000,000 | | |

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

| |
|-------------------------------------|
| CALIFORNIA FORM 700 |
| FAIR POLITICAL PRACTICES COMMISSION |
| Name _____ |
| William O'Brien |

1. BUSINESS ENTITY OR TRUST

O'Brien's Market Inc

6331 Oakdale Road, Riverbank, CA 95367

Address (Business Address Acceptable)

Check one
☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Retail Grocery Store

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000 ____/____/09
☒ \$10,001 - \$100,000 ____/____/09
☐ \$100,001 - \$1,000,000 ACQUIRED DISPOSED
☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☒ Shareholder
Other _____

YOUR BUSINESS POSITION Director, Officer Other _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499 ☒ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000 ____/____/09
☐ \$10,001 - \$100,000 ____/____/09
☐ \$100,001 - \$1,000,000 ACQUIRED DISPOSED
☐ Over \$1,000,000

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold ____/____/____ remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

1. BUSINESS ENTITY OR TRUST

Name _____

Address (Business Address Acceptable)

Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000 ____/____/09
☐ \$10,001 - \$100,000 ____/____/09
☐ \$100,001 - \$1,000,000 ACQUIRED DISPOSED
☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ Other _____

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000 ____/____/09
☐ \$10,001 - \$100,000 ____/____/09
☐ \$100,001 - \$1,000,000 ACQUIRED DISPOSED
☐ Over \$1,000,000

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold ____/____/____ remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

SCHEDULE B
Interests in Real Property
(Including Rental Income)

| |
|--|
| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name William O'Brien |
|--|

| STREET ADDRESS OR PRECISE LOCATION | STREET ADDRESS OR PRECISE LOCATION |
|---|---|
| 701 Albers Road | |
| CITY | CITY |
| Modesto CA, 95357 | |
| FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 | FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 |
| IF APPLICABLE, LIST DATE: _____/_____/09 ACQUIRED DISPOSED | IF APPLICABLE, LIST DATE: _____/_____/09 ACQUIRED DISPOSED |
| NATURE OF INTEREST <input checked="" type="checkbox"/> Ownership/Deed of Trust <input type="checkbox"/> Easement <input type="checkbox"/> Leasehold _____ yrs. remaining <input type="checkbox"/> Other _____ | NATURE OF INTEREST <input type="checkbox"/> Ownership/Deed of Trust <input type="checkbox"/> Easement <input type="checkbox"/> Leasehold _____ yrs. remaining <input type="checkbox"/> Other _____ |
| IF RENTAL PROPERTY, GROSS INCOME RECEIVED <input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 | IF RENTAL PROPERTY, GROSS INCOME RECEIVED <input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 |
| SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. _____ _____ | SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. _____ _____ |

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

| NAME OF LENDER* | NAME OF LENDER* |
|--|--|
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) |
| BUSINESS ACTIVITY, IF ANY, OF LENDER | BUSINESS ACTIVITY, IF ANY, OF LENDER |
| INTEREST RATE _____% <input type="checkbox"/> None TERM (Months/Years) _____ | INTEREST RATE _____% <input type="checkbox"/> None TERM (Months/Years) _____ |
| HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 <input type="checkbox"/> Guarantor if applicable | HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 <input type="checkbox"/> Guarantor if applicable |

Comments: _____

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

William O'Brien

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

O'Brien's Market

ADDRESS (Business Address Acceptable)

839 W. Roseburg Ave. Modesto, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Retail Grocery Store

YOUR BUSINESS POSITION

Vice President

GROSS INCOME RECEIVED

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☒ \$10,001 - \$100,000

☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Sale of

(Property, car, boat, etc.)

☐ Commission or ☐ Rental income, list each source of \$10,000 or more

☒ Other Dividend

(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

O'Brien's Market Inc

ADDRESS (Business Address Acceptable)

6331 Oakdale Road, Riverbank, CA 95367

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Retail Grocery Store

YOUR BUSINESS POSITION

Vice President

GROSS INCOME RECEIVED

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☒ \$10,001 - \$100,000

☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary ☒ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Sale of

(Property, car, boat, etc.)

☐ Commission or ☐ Rental income, list each source of \$10,000 or more

☒ Other Dividend

(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

INTEREST RATE

_____%

☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None

☐ Personal residence

☐ Real Property

Street address

City

☐ Guarantor

☐ Other

(Describe)

Comments:

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

| |
|---|
| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION |
| Name William O'Brien |

▶ **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Unified Western Grocers

ADDRESS (Business Address Acceptable)

5200 Sheila Street, Commerce, CA

BUSINESS ACTIVITY, IF ANY OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Sale of _____
(Property: car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☒ Other Advertisement rebates paid to O'Brien's Mkt
(Describe)

▶ **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

O'Brien's Market Inc

ADDRESS (Business Address Acceptable)

4120 Dale Road Ste H, Modesto, CA 95356

BUSINESS ACTIVITY, IF ANY OF SOURCE

Retail Grocery Store

YOUR BUSINESS POSITION

Vice President

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Sale of _____
(Property: car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☒ Other Dividend
(Describe)

▶ **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER:

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

2010 Form 700's Sent to the Following Agencies:

Stanislaus County Clerk-Recorder
San Joaquin Valley Air Pollution Control District
Local Agency Formation Commission (LAFCO) - Stanislaus County
Stanislaus Council of Governments (StanCOG)
Stanislaus Regional 911 Joint Powers Authority
California County Tobacco Securitization Agency
North County Corridor Transportation Expressway Authority (JPA)
San Joaquin Valley Rail Committee
Stanislaus Economic Development and Workforce Alliance
Stanislaus County 10th Street JPA
Stanislaus County Redevelopment Agency